IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| P.O. Box 19928 Alexandria, Virginia 22320 Telephone: (703) 836-6400 Facsimile: (703) 836-2787 | | | Attorney Docket No.: 119315 | | | | | | |
|---|--|---|--|---|------------------------|---|-------------------------------------|-------------|--|
| | | | Date: March 31, 2004 | | | | | | |
| | | | MAIL STOP PATENT APPLICATION | | | | | | |
| Customer Number: 25944 | | NO | NONPROVISIONAL APPLICATION TRANSMITTAL RULE §1.53(b) | | | | | | |
| Commissioner for Pate P.O. Box 1450 Alexandria, VA 22313 | | | | KOLE 91 | .33(b) | | 3302 | | |
| Sir: | | | | | | | 7813 1813 | | |
| Transmitted herewith f | nonprovisional patent application | | | | | | | | |
| For (Title): | - | F DETECTING FAILI | | | | | | | |
| By (Inventor): | Shigeki MIYAS | HITA | | | | | | | |
| ☐ Use Figure ☐ A Declaration a ☐ This application ☐ (A Preliminary ☐ This patent appl ☐ The execut ☐ An Information ☐ Entitlement to s ☐ A Preliminary ☐ Priority of forei ☐ A certified ☐ This application ☐ the invention di ☐ under a multilat | a claims benefit of Amendment is atta lication is assigned ed Assignment is find Disclosure Statem mall entity status is amendment is filed gn application No. copy of the above is NOT to be pubsclosed in this apperal international a calculated below: | Publication. ney is filed herewith. Provisional Applicatio ched to reflect this clai to TOYOTA JIDOSH iled herewith. ent is filed herewith. s hereby asserted. herewith. 2003-101397 filed Ap corresponding foreign lished under 35 U.S.C lication has not and wingreement, that requires | m in the Specific A KABUSHIKI oril 4, 2003 in Jap application is file 122(b). The ure ll not be the sub | cation if not KAISHA. can is claime ed herewith dersigned a ject of an appplications | ed (35 U uttorney o | .S.C. §119). or agent hereb n filed in anot | ther country ;. ГНАN A | tha y, o | |
| FOR: | .NO. FILED | NO. EXTRA | RATE | FEE | <u>OR</u> | RATE | FEE | | |
| BASIC FEE | | | | \$ 385 | <u>OR</u> | | \$ 770 | | |
| TOTAL CLAIMS | 9 - 20 | = 0 | x 9= | \$ | <u>OR</u> | x 18 | \$ | | |
| TNDEP CLAIMS 2 - 3 | | = 0 | x 43 = | \$ | <u>OR</u> | x 86 | \$ | | |
| ☐ MULTIPLE DEPENDENT CLAIMS PRESENTED | | | + 145 = | \$ | <u>OR</u> | + 290 | \$ | | |
| * If the difference i | s less than zero, en | ter "0". | TOTAL | \$ ached. Exc | <u>OR</u> | TOTAL | \$ 770 | | |

Check No. 152744 in the amount of \$770.00 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

James A. Oliff
Registration No. 27,075

Joel S. Armstrong Registration No. 36,430